FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES

RISK ASSESSMENT FOR THE USE OF CHEMICAL RESTRAINT AGENTS AND ELECTRONIC IMMOBILIZATION DEVICES

DC4-650B *Risk Assessment for the Use of Chemical Restraint Agents and Electronic Immobilization Devices* must be completed when a preconfinement health assessment is conducted. DC4-650B will be reviewed at the time of all practitioner health care encounters. If any changes in an inmate's medical condition are identified (e.g., new diagnosis) that would affect the use of chemical restraint agents or electronic immobilization devices, a new DC4-650B must be completed and provided to security staff, replacing the previous DC4-650B. The results of this assessment should not be interpreted as approval or disapproval of the intended use of such agents/devices but rather an assessment of any risk factors.

Chen	nical Restraint Agents Assessment:					
	At the time of this preconfinement health assessn known medical conditions* that would be exacerb				nas no	
	At the time of this preconfinement health assessmedidentified as having a medical condition* that may				s been	
	*Conditions that may be exacerbated by the use following: asthma, chronic obstructive pulm pregnancy, and unstable hypertension. (Inneardiovascular clinic visit.) Clinician recommendation	monary disea nate is cons	se, emphysema idered stable it	a, congestive heart failure, a of B/P has been < 160/110 a	ngina,	
	cardiovasculai elline visit.) ellinelan recommen		•	se of Chemical Restraint Agents		
	da State Prison (FSP) AND Union Correctional raint Agents Assessment	I Institution	* *	3		
	At the time of this preconfinement assessment, based on a review of the mental health record, this inmate was discharged on the date of from an inpatient mental health treatment unit (Crisis Stabilization Unit Transitional Care Unit, or Mental Health Treatment Facility), within the ninety day period immediately prior to this placement in close management at FSP or UCI, indicating the need for the use of Crisis Intervention Team intervention techniques by the appropriate security staff prior to application of chemical agents, for the first ninet days following the above-referenced discharge date.					
	The inmate was referred by mental health staff to inpatient care (Crisis Stabilization Unit, Transitional Care Unit, or Mental Health Treatment Facility) on the date of while in close management at FSP or UCI, indicating the need for the use of Crisis Intervention Team intervention techniques by the appropriate security staff while the inmate is housed in an outpatient setting and is awaiting transport to the inpatient unit as a result of such referral.					
Elect	ronic Immobilization Device (EID) Assessment:					
	At the time of this preconfinement health assessn known medical condition* that may be exacerbate				nas no	
	At the time of this preconfinement health assessment identified as having a medical condition* that may					
	*Conditions that may be exacerbated by the use of the following: seizure disorder, multiple scleros Clinician recommendation Approve Use of E	sis, muscular o	dystrophy, pacer	maker, and pregnancy.	ted to,	
Clinic	cian's Name	Date		Time Notified		
Staff	Signature/Stamp (Person Completing Form)	– — — Date				
				sintained with medical		
DC#	Name	Distribution:		aintained with_medical record maintained with DC6-229 in the housing uni	t	

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RISK ASSESSMENT FOR THE USE OF CHEMICAL RESTRAINT AGENTS AND ELECTRONIC IMMOBILIZATION DEVICES

DC4-650B *Risk Assessment for the Use of Chemical Restraint Agents and Electronic Immobilization Devices* **must be completed when a preconfinement health assessment is conducted.** DC4-650B will be reviewed at the time of all practitioner health care encounters. If any changes in an inmate's medical condition are identified (e.g., new diagnosis) that would affect the use of chemical restraint agents or electronic immobilization devices, a new DC4-650B must be completed and provided to security staff, replacing the previous DC4-650B. The results of this assessment should not be interpreted as approval or disapproval of the intended use of such agents/devices but rather an assessment of any risk factors.

Chemical Restraint Agents Assessment:					
At the time of this preconfinement health asses known medical conditions* that would be exace					
At the time of this preconfinement health assess identified as having a medical condition* that m					
pregnancy, and unstable hypertension. (In	almonary disease, emphy mate is considered stab	sema, congestive heart failure, angina, le if B/P has been < 160/110 at last			
cardiovascular clinic visit.) Clinician recomme	<u> </u>	· ·			
	Disapprov	e Use of Chemical Restraint Agents			
Florida State Prison (FSP) AND Union Correction Restraint Agents Assessment	nal Institution (UCI) ON	LY: Mental Health Alert Re: Chemical			
discharged on the date of from a Transitional Care Unit, or Mental Health Treath placement in close management at -FSP or U	time of this preconfinement assessment, based on a review of the mental health record, this inmate was ged on the date of from an inpatient mental health treatment unit (Crisis Stabilization Unit, onal Care Unit, or Mental Health Treatment Facility), within the ninety day period immediately prior to this ent in close management at –FSP or UCI, indicating the need for the use of Crisis Intervention Team ation techniques by the appropriate security staff prior to application of chemical agents, for the first ninety lowing the above-referenced discharge date.				
The inmate was referred by mental health staff t Mental Health Treatment Facility) on the date of the need for the use of Crisis Intervention Team inmate is housed in an outpatient setting and is a	f while in clo	se management at FSP or UCI, indicating by the appropriate security staff while the			
Electronic Immobilization Device (EID) Assessmen	t:				
At the time of this preconfinement health asses known medical condition* that may be exacerba					
	t the time of this preconfinement health assessment, based on a review of the medical record, this inmate has been lentified as having a medical condition* that may be exacerbated by the use of electronic immobilization devices.				
*Conditions that may be exacerbated by the use the following: seizure disorder, multiple scler Clinician recommendation Approve Use of	osis, muscular dystrophy,	pacemaker, and pregnancy.			
Clinician's Name	Date	Time Notified			
Stoff Cianatura/Stama (Dansan Camalatina Farm)	Data				
Staff Signature/Stamp (Person Completing Form) $\mathbb{S} = \emptyset$	Date curity Copy				
Inmate Name	_ Distribution: Original—to	be maintained with medical record to be maintained with DC6-229 in the housing unit			
Date of Birth Institution	_ _				